

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400859200

Date Received:

06/26/2015

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

|  |                          |                                      |
|--|--------------------------|--------------------------------------|
| Name of Operator: <u>DCP MIDSTREAM LP</u>              | Operator No: <u>4680</u> | <b>Phone Numbers</b>                 |
| Address: <u>370 17TH STREET - SUITE 2500</u>           |                          | Phone: <u>(970) 590-6444</u>         |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |                          | Mobile: <u>( )</u>                   |
| Contact Person: <u>Sam Wood</u>                        |                          | Email: <u>swood@dcpmidstream.com</u> |

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400859200

Initial Report Date: 06/26/2015 Date of Discovery: 06/24/2015 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR SWSW SEC 31 TWP 3N RNG 67W MERIDIAN 6

Latitude: 40.182298 Longitude: -104.941596

Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

Reference Location:

Facility Type: PIPELINE  Facility/Location ID No \_\_\_\_\_  
 No Existing Facility or Location ID No.  
 Well API No. (Only if the reference facility is well) 05- \_\_\_\_\_

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): >=1 and <5

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): 0

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

Land Use:

Current Land Use: OTHER Other(Specify): River

Weather Condition: Sunny and temps in the low 90's

Surface Owner: STATE Other(Specify): \_\_\_\_\_

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State  Residence/Occupied Structure  Livestock  Public Byway  Surface Water Supply Area   
As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

A DCP pipeline was broken in the St. Vrain river just south of Highway 66 on WCR 13. An unknown amount of natural gas and condensate was released into the river. The line was immediately shut in and blown down to prevent any more release into the river. No sheen or evidence of condensate was visible, only the temporary bubbling of the natural gas. This incident is currently under investigation and corrective actions being planned. More information and a corrective actions report will be submitted in the 10-day follow up.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

| <u>Date</u> | <u>Agency/Party</u> | <u>Contact</u> | <u>Phone</u> | <u>Response</u> |
|-------------|---------------------|----------------|--------------|-----------------|
| 6/26/2015   | Weld County LEPC    | Gracie Marquez | -            |                 |

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Sam Wood

Title: Compliance Coordinator Date: 06/26/2015 Email: swood@dcpmidstream.com

### Attachment Check List

**Att Doc Num**      **Name**

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
|                    |             |

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)